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### Marital Status without Confirmation (De-facto) (MSNC)

MSNC\_Q01

What is your marital status?

Are you...?

- 1: Married
- 2: Living common-law
- 3: Widowed
- 4: Separated
- 5: Divorced
- 6: Single, never married
- 8: RF
- 9: DK

### Relationship to Selected Respondent (RSR)

**RSR\_Q1** What is the relationship...

of: [specific person]

to you?

01: [Husband/Wife]

02: Common-law partner

03: [Father/Mother]

04: [Son/Daughter] (birth, adopted or step)

05: [Brother/Sister]

06: Foster [father/mother]

07: Foster [son/daughter]

08: [Grandfather/Grandmother]

09: [Grandson/Granddaughter]

10: In-law

11: Other related - Specify

12: Unrelated - Specify

98: RF

99: DK

**General Time Use (GTU)**

**GTU\_R110** To start, a few general questions related to time.

**GTU\_Q110** How often do you feel rushed? Would you say it is...?

1: Every day

2: A few times a week

3: About once a week

4: About once a month

5: Less than once a month

6: Never

8: RF

9: DK

**GTU\_Q130** How often do you feel you have time on your hands that you don't know what to do with?

1: Every day

2: A few times a week

3: About once a week

4: About once a month

5: Less than once a month

6: Never

8: RF

9: DK

## Time Use Introduction (TUI)

**TUI\_R110** To find out exactly how people spend their time, we are going to ask about your activities over a 24-hour period. You will be asked to report activities you had done on [day of the week]. We will start at 4 in the morning because most people are asleep at that time. Please report all activities that lasted at least 10 minutes, including activities such as travelling from place to place.

**TUI\_Q01** Last [day of the week] at [xx:xx AM/PM], what were you doing?

**TUI\_Q02** How long did you spend on this activity? (Hours/Minutes)

**TUI\_Q03** Were you doing anything else at the same time?

01: Preparing meals

02: Eating or drinking

03: Housework

04: Parenting, care or assistance to others

05: Organizing, planning or paying bills

06: Pet care

07: Social interaction such as talking or conversation

08: Social networking or texting, emailing

09: Reading

10: Watching TV or videos

11: Listening to music or radio

12: General computer use

13: Hobbies

14: Other

**TUI\_Q04** Who was with you?

01: On my own

02: Spouse, partner

03: Household child(ren) - less than 15 years old

04: Household child(ren) - 15 years and older

05: Parents or parent-in-law

06: Other household adult(s)

07: Other family member(s) from other households

08: Friend(s)

09: Colleague(s) or classmate(s)

10: Other people

**TUI\_Q05** Where were you?

01: At home or on property

02: At place of work or school

03: At someone else's home or property

04: In the neighbourhood

05: Outdoors

06: Grocery store, other stores or mall

07: Library, museum or theatre

08: Sports centre, field or arena

09: Restaurant, bar or club

10: Place of worship

11: Medical, dental or other health clinic

12: Elsewhere

13: Travel - Car (Driver)

14: Travel - Car (Passenger)

15: Travel - Walk

16: Travel - Bus (includes street cars, metro)

17: Travel - Airplane

18: Travel - Bicycle

19: Travel - Taxi, Limousine Service

20: Travel - Boat, ferry

21: Travel - Other

**TUI\_Q06** During this time period, did you use any information technology device such as a tablet, smartphone, computer or laptop?

1: Yes

2: No

**TUI\_Q10** On a scale of -3 to +3 where -3 means very unpleasant and +3 means very pleasant; at [xx:xx AM/PM] [(main activity)], how would you rate this moment?

1: -3

2: -2

3: -1

4: 0

5: +1

6: +2

7: +3

### Time Use Diary (TUT)

**TUT\_Q970** Was the [day of the week] you described very different from most [same day of the week]?

1: Yes

2: No

8: RF

9: DK

### DAS sub-module - Time (TIME)

**TIME\_Q01** You stated that on [day of the week] at 4:00 AM you were sleeping. What time did you fall asleep [the previous] night?

Min = 0; Max = 24

**TIME\_Q02** You stated that on [day of the week] at 4:00 AM you were sleeping. What time did you fall asleep [the previous] night?

Min = 0; Max = 60

### Perception of Time (TCS)

**TCS\_R110** Now I would like you to answer some questions on your outlook towards your use of time.

**TCS\_Q110** Do you plan to slow down in the coming year?

1: Yes

2: No

8: RF

9: DK

**TCS\_Q120** Do you consider yourself a workaholic?

1: Yes

2: No

8: RF

9: DK

**TCS\_Q130** When you need more time, do you tend to cut back on your sleep?

1: Yes

2: No

8: RF

9: DK

<b>TCS_Q140</b>	At the end of the day, do you often feel that you have not accomplished what you had set out to do?  1: Yes 2: No 8: RF 9: DK
<b>TCS_Q150</b>	Do you worry that you don't spend enough time with your family or friends?  1: Yes 2: No 8: RF 9: DK
<b>TCS_Q160</b>	Do you feel that you're constantly under stress trying to accomplish more than you can handle?  1: Yes 2: No 8: RF 9: DK
<b>TCS_Q170</b>	Do you feel trapped in a daily routine?  1: Yes 2: No 8: RF 9: DK
<b>TCS_Q180</b>	Do you feel that you just don't have time for fun any more?  1: Yes 2: No 8: RF 9: DK
<b>TCS_Q190</b>	Do you often feel under stress when you don't have enough time?  1: Yes 2: No 8: RF 9: DK
<b>TCS_Q200</b>	Would you like to spend more time alone?  1: Yes

2: No

8: RF

9: DK

### Time Spent Texting (TST)

**TST\_Q01** On average, how many text messages do you send per day?

01: 1 to 10 texts

02: 11 to 20 texts

03: 21 to 30 texts

04: 31 to 40 texts

05: 41 to 50 texts

06: 51 to 60 texts

07: Over 60 texts per day

08: I do not send text messages

98: RF

99: DK

### Unpaid Service (UH)

**UH\_Q01** Last week, how many hours did you spend looking after:

... one or more of the children living in your household, without pay?

Min = 0; Max = 168.00

**UH\_Q02** (Last week, how many hours did you spend looking after:)

... one or more children living outside your household, without pay?

Min = 0; Max = 168.00

**UH\_Q03** Last week, how many hours did you spend doing:

... unpaid housework, yard work or home maintenance for your household?

Min = 0; Max = 95.00

**UH\_Q04** (Last week, how many hours did you spend doing:)

... unpaid housework, yard work or home maintenance for persons living outside your household?

Min = 0; Max = 95.00

**UH\_Q05** Last week, how many hours did you spend:

... providing unpaid care or assistance to one or more seniors living in your household?

Min = 0; Max = 95.00

**UH\_Q06** (Last week, how many hours did you spend:)

... providing unpaid care or assistance to one or more seniors living outside your household?

Min = 0; Max = 95.00

### Subjective Well-being Minimum Block (SLM)

**SLM\_Q01** Using a scale of 0 to 10 where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

0 Very dissatisfied

1 I

2 I

3 I

4 I

5 I

6 I

7 I

8 I

9 V

10 Very satisfied

Min = 0; Max = 10

### Self Rated Health (SRH)

**SRH\_R110** The following set of questions asks about your day-to-day health.

**SRH\_Q110** In general, would you say your health is...?

1: Excellent

2: Very good

3: Good

4: Fair

5: Poor

8: RF

9: DK



**SRH\_Q115** In general, would you say your mental health is...?

- 1: Excellent
- 2: Very good
- 3: Good
- 4: Fair
- 5: Poor
- 8: RF
- 9: DK

### Disability Screening Questions - Minimum Block (CATI) (DSQ)

**DSQ\_R01** The following questions are about difficulties you may have doing certain activities. Please tell me only about difficulties or long-term conditions that have lasted or are expected to last for six months or more.

**DSQ\_Q01** Do you have any difficulty seeing?

- 1: No
- 2: Sometimes
- 3: Often
- 4: Always
- 8: RF
- 9: DK

**DSQ\_Q02** Do you wear glasses or contact lenses to improve your vision?

- 1: Yes
- 2: No
- 8: RF
- 9: DK

**DSQ\_Q03** With your glasses or contact lenses, which of the following best describes your ability to see? You...?

- 1: Have no difficulty seeing
- 2: Have some difficulty (seeing)
- 3: Have a lot of difficulty (seeing)
- 4: Are legally blind
- 5: Are blind
- 8: RF
- 9: DK

**DSQ\_Q04** How often does this [difficulty/condition] limit your daily activities?

- 1: Never
- 2: Rarely

3: Sometimes

4: Often

5: Always

8: RF

9: DK

**DSQ\_Q05** Do you have any difficulty hearing?

1: No

2: Sometimes

3: Often

4: Always

8: RF

9: DK

**DSQ\_Q06** Do you use a hearing aid or cochlear implant?

1: Yes

2: No

8: RF

9: DK

**DSQ\_Q07** With your hearing aid or cochlear implant, which of the following best describes your ability to hear? You...?

1: Have no difficulty hearing

2: Have some difficulty (hearing)

3: Have a lot of difficulty (hearing)

4: Cannot hear at all

5: Are Deaf

8: RF

9: DK

**DSQ\_Q08** How often does this [difficulty/condition] limit your daily activities?

1: Never

2: Rarely

3: Sometimes

4: Often

5: Always

8: RF

9: DK

**DSQ\_Q09**

Do you have any difficulty walking, using stairs, using your hands or fingers or doing other physical activities?

- 1: No
- 2: Sometimes
- 3: Often
- 4: Always
- 8: RF
- 9: DK

**DSQ\_R10** The following questions are about your ability to move around, even when using an aid such as a cane.

**DSQ\_Q10** How much difficulty do you have walking on a flat surface for 15 minutes without resting?

- 1: No difficulty
- 2: Some (difficulty)
- 3: A lot (of difficulty)
- 4: [You/He/She] cannot do at all
- 8: RF
- 9: DK

**DSQ\_Q11** How much difficulty do you have walking up or down a flight of stairs, about 12 steps without resting?

- 1: No difficulty
- 2: Some (difficulty)
- 3: A lot (of difficulty)
- 4: [You/He/She] cannot do at all
- 8: RF
- 9: DK

**DSQ\_Q12** How often [does this difficulty walking limit/does this difficulty using stairs limit/does these difficulties limit] your daily activities?

- 1: Never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always
- 8: RF
- 9: DK

**DSQ\_Q13** How much difficulty do you have bending down and picking up an object from the floor?

- 1: No difficulty

- 2: Some (difficulty)
- 3: A lot (of difficulty)
- 4: [You/He/She] cannot do at all
- 8: RF
- 9: DK

**DSQ\_Q14** How much difficulty do you have reaching in any direction, for example, above your head?

- 1: No difficulty
- 2: Some (difficulty)
- 3: A lot (of difficulty)
- 4: [You/He/She] cannot do at all
- 8: RF
- 9: DK

**DSQ\_Q15** How often [does this difficulty bending down and picking up an object limit/does this difficulty reaching limit/do these difficulties limit] your daily activities?

- 1: Never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always
- 8: RF
- 9: DK

**DSQ\_Q16** How much difficulty do you have using your fingers to grasp small objects like a pencil or scissors?

- 1: No difficulty
- 2: Some (difficulty)
- 3: A lot (of difficulty)
- 4: [You/He/She] cannot do at all
- 8: RF
- 9: DK

**DSQ\_Q17** How often does this difficulty using your fingers limit your daily activities?

- 1: Never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always
- 8: RF

9: DK

**DSQ\_R18** Please answer for difficulties or long-term conditions that have lasted or are expected to last for six months or more.

**DSQ\_Q18** Do you have any difficulty learning, remembering or concentrating?

1: No

2: Sometimes

3: Often

4: Always

8: RF

9: DK

**DSQ\_Q19** Do you think you have a condition that makes it difficult in general for you to learn? This may include learning disabilities such as dyslexia, hyperactivity, attention problems, etc..

1: Yes

2: No

8: RF

9: DK

**DSQ\_Q20** Has a teacher, doctor or other health care professional ever said that you had a learning disability?

1: Yes

2: No

8: RF

9: DK

**DSQ\_Q21** How often are your daily activities limited by this condition?

1: Never

2: Rarely

3: Sometimes

4: Often

5: Always

8: RF

9: DK

**DSQ\_Q22** Has a doctor, psychologist or other health care professional ever said that you had a developmental disability or disorder? This may include Down syndrome, autism, Asperger syndrome, mental impairment due to lack of oxygen at birth, etc..

1: Yes

2: No

8: RF

9: DK

**DSQ\_Q23** Do you have any ongoing memory problems or periods of confusion? Please exclude occasional forgetfulness such as not remembering where you put your keys.

1: Yes

2: No

8: RF

9: DK

**DSQ\_Q24** How often are your daily activities limited by this problem?

1: Never

2: Rarely

3: Sometimes

4: Often

5: Always

8: RF

9: DK

**DSQ\_Q25** Please remember that your answers will be kept strictly confidential.

Do you have any emotional, psychological or mental health conditions? These may include anxiety, depression, bipolar disorder, substance abuse, anorexia, etc..

1: No

2: Sometimes

3: Often

4: Always

8: RF

9: DK

**DSQ\_Q26** How often are your daily activities limited by this condition?

1: Never

2: Rarely

3: Sometimes

4: Often

5: Always

8: RF

9: DK

**DSQ\_R27**

The following questions are about pain due to a long-term condition that has lasted or is expected to last for six months or more.

**DSQ\_Q27** Do you have pain that is always present?

- 1: Yes
- 2: No
- 8: RF
- 9: DK

**DSQ\_Q28** Do you [also/nul] have periods of pain that reoccur from time to time?

- 1: Yes
- 2: No
- 8: RF
- 9: DK

**DSQ\_Q29** How often does this pain limit your daily activities?

- 1: Never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always
- 8: RF
- 9: DK

**DSQ\_Q30** Do you have any other health problem or long-term condition that has lasted or is expected to last for six months or more?

- 1: Yes
- 2: No
- 8: RF
- 9: DK

**DSQ\_Q31** How often does this health problem or long-term condition limit your daily activities?

- 1: Never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always
- 8: RF
- 9: DK

## Self Rated Stress (SRS)

**SRS\_Q10** Thinking about the amount of stress in your life, would you say that most days are...?

- 1: Not at all stressful
- 2: Not very stressful
- 3: A bit stressful
- 4: Quite a bit stressful
- 5: Extremely stressful
- 8: RF
- 9: DK

## Main Source of Stress (MSS)

**MSS\_Q130** What is your main source of stress?

- 1: Work
- 2: Financial concerns
- 3: Family
- 4: School work
- 5: Not enough time
- 6: Health
- 7: Other - Specify
- 8: RF
- 9: DK

## Main Activity of Respondent - Last Week (MRW)

**MRW\_R05** The next few questions refer to your main activity.

**MRW\_Q05** During the past 12 months, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, retired or something else?

- 01: Working at a paid job or business
- 02: Looking for paid work
- 03: Going to school
- 04: Caring for children
- 05: Household work
- 06: Retired
- 07: Maternity/paternity or parental leave
- 08: Long-term illness
- 09: Volunteering or care-giving other than for children
- 10: Other - Specify



98: RF

99: DK

**MRW\_Q10** Last week, was your main activity the same as the one of the last 12 months?

1: Yes

2: No

8: RF

9: DK

**MRW\_Q15** Last week, what was your main activity?

01: Working at a paid job or business

02: Vacation (from paid work)

03: Looking for paid work

04: Going to school

05: Caring for children

06: Household work

07: Retired

08: Maternity/paternity or parental leave

09: Long-term illness

10: Volunteering or care-giving other than for children

11: Other - Specify

98: RF

99: DK

**MRW\_Q20** Were you studying full-time or part-time?

1: A full-time student

2: A part-time student

3: Both full-time and part-time student

8: RF

9: DK

**MRW\_Q30** In the last four weeks, did you look for a job?

1: Yes

2: No

8: RF

9: DK

**MRW\_Q40** Did you have a job or were you self-employed at any time during the past 12 months?

1: Yes

2: No

8: RF

9: DK

### Respondent ever worked (REW)

**REW\_Q10** Have you ever worked at a job or business?

1: Yes

2: No

8: RF

9: DK

**REW\_Q20** In what year did you last do any paid work?

Min = 1900; Max = 2016

**REW\_Q30** How old were you when you last did any paid work?

Min = 10; Max = 95

### Work activities - Employment type (WET)

**WET\_Q110** During the past 12 months, for how many weeks were you employed?

Min = 1; Max = 52

**WET\_Q120** Were you mainly...?

1: A paid worker

2: Self-employed

3: An unpaid family worker

8: RF

9: DK

**WET\_Q171** How many days of paid vacation did you take during the past 12 months?

Min = 0; Max = 365

### Respondent Business Information (RBI)

**RBI\_Q10** How many paid employees did you have working for you?

Min = 0; Max = 200

**RBI\_Q20** Was your business incorporated?

1: Yes

2: No

8: RF

9: DK

### Work activities - Telework information (WTI)

**WTI\_Q110** Excluding overtime, [do/did] you usually work any of your scheduled hours at home?

1: Yes

2: No

8: RF

9: DK

**WTI\_Q120** How many paid hours per week [do/did] you usually work at home?

Min = 1; Max = 168

**WTI\_Q130** What is the main reason you [do/did] some of your work at home?

01: Taking care of children

02: Provide care to family or friends for long term health problem

03: Other personal or family responsibilities

04: Requirements of the job, no choice

05: Home is usual place of work

06: Better conditions of work

07: Saves time, money

08: Live too far from work to commute

09: Other - Specify

98: RF

99: DK

### Last year employer information (WLY)

**WLY\_Q110** What is the name of your business?/What was the name of your business?/For whom did you work the longest time during the past 12 months?

Long Answer Length = 80

**WLY\_Q120** What kind of business, industry or [is/was] this?

Long Answer Length = 80

**WLY\_Q130** What kind of work [are/were] you doing?

Long Answer Length = 80

- WLY\_Q140** What [are/were] your most important activities or duties?
- Long Answer Length = 80
- WLY\_Q145** Are you still working [for this employer/at this business]?
- 1: Yes  
2: No  
8: RF  
9: DK
- WLY\_Q150** Which of the following best describes your terms of employment in this job? [Are/Were] you a...?
- 1: Regular employee (no contractual or anticipated termination date)  
2: Seasonal employee (employment on this job is intermittent according to the seasons of the year)  
3: Term employee (term of employment has a set termination date)  
4: Casual or on-call employee  
8: RF  
9: DK
- WLY\_Q160** [Are/Were] you a union member or covered by a union contract or collective agreement in this job?
- 1: Yes  
2: No  
8: RF  
9: DK
- WLY\_Q170** Approximately, how many kilometres [is/was] your place of work from your residence?
- Min = 0; Max = 995

### Worked Last Week Employer details (WLW)

- WLW\_Q110** For whom did you work last week?
- Long Answer Length = 80
- WLW\_Q120** What kind of business, industry or service was this?
- Long Answer Length = 80
- WLW\_Q130** What kind of work were you doing?
- Long Answer Length = 80

**WLW\_Q140** What were your most important activities or duties?

Long Answer Length = 80

### Hours worked (WHW)

**WHW\_Q110** Did you have more than one paid job last week?

1: Yes

2: No

8: RF

9: DK

**WHW\_Q120** How many hours a week [do/did] you usually work at your job?

Min = 0.1; Max = 168.0

**WHW\_Q130** How many hours a week do you usually work at your main job?

Min = 0.1; Max = 168.0

**WHW\_Q140** How many hours a week do you usually work at your other job(s)?

Min = 0.1; Max = 168.0

**WHW\_Q160** Why [do/did] you usually work less than 30 hours a week?

11: Own illness or disability

12: Child care responsibilities

13: Care responsibilities for an adult

14: Other personal or family responsibilities

15: Going to school

16: Could only find part-time work

17: Did not want full-time work

18: Requirement of the work

19: Other - Specify

98: RF

99: DK

**WHW\_Q210** How many days a week [do/did] you usually work (including all jobs)?

Min = 1; Max = 7

**WHW\_Q230** Which of the following best describes your usual work schedule at your [main job/job]? [Is/Was] it...?

- 01: A regular daytime schedule or shift
- 02: A regular evening shift
- 03: A regular night shift
- 04: A rotating shift (one that changes periodically from days to evenings or to nights)
- 05: A split shift (one consisting of two or more distinct periods each day)
- 06: A compressed work week
- 07: On call or casual
- 08: An irregular schedule
- 09: Other - Specify
- 98: RF
- 99: DK

### Work Flexible Schedule (WFS)

**WFS\_Q10** Do you have a flexible schedule that allows you to choose the time you begin or end your work day?/Did you have a flexible schedule that allowed you to choose the time you began or ended your work day?

- 1: Yes
- 2: No
- 8: RF
- 9: DK

### Satisfaction of respondent with current balance between job and home life (SRC)

**SRC\_Q10** How satisfied [are/were] you with the current balance between your job and home life? [Are/Were] you...?

- 1: Very satisfied
- 2: Satisfied
- 3: Neither satisfied nor dissatisfied
- 4: Dissatisfied
- 5: Very dissatisfied
- 8: RF
- 9: DK

**SRC\_Q20** Why [are/were] you dissatisfied?

- 11: Not enough time for family (include spouse/partner and children)
- 12: Spends too much time on job/main activity
- 13: Not enough time for other activities (exclude work or family related activities)
- 14: Cannot find suitable employment
- 15: Employment related reason(s) (exclude spending too much time on job)
- 16: Health reasons (include sleep disorders)
- 17: Family related reason(s) (exclude not enough time for family)

18: Other - Specify

98: RF

99: DK

### Work Life Balance 2 (WLB)

**WLB\_Q10** In the past 12 months how often has it been difficult to fulfill your family responsibilities because of the amount of time you spent on your job (please include responsibilities concerning your spouse and child(ren) if it applies, as well as your own parents, siblings and other related persons). Was it...?

1: All of the time

2: Most of the time

3: Sometimes

4: Never

5: Not applicable

8: RF

9: DK

**WLB\_Q20** In the past 12 months how often has it been difficult to concentrate or fulfill your work responsibilities because of your family responsibilities (please include responsibilities concerning your spouse and child(ren) if it applies, as well as your own parents, siblings and other related persons). Was it...?

1: All of the time

2: Most of the time

3: Sometimes

4: Never

5: Not applicable

8: RF

9: DK

### Household Regularly Hires paid help (HRH)

**HRH\_Q10** For which activities does your household regularly hire paid help (for example: child care, house cleaning, outdoor work)?

11: None

12: Child care

13: House cleaning

14: Outdoor work (including snow removal, lawncare)

15: Medical help

16: Other - Specify

98: RF

99: DK

## Access to transportation (ATT)

**ATT\_R120** Now some questions related to transportation.

**ATT\_Q120** How often do you have a vehicle at your disposal?

- 1: All the time
- 2: Some of the time
- 3: Rarely
- 4: Never
- 8: RF
- 9: DK

## Commute to work (CTW)

**CTW\_Q140** Last week, how did you get to [school/work]?

- 11: Car, truck or van - as driver
- 12: Car, truck or van - as passenger
- 13: Public transit (e.g., bus, streetcar, subway, light-rail transit, commuter train, ferry)
- 14: Walked
- 15: Bicycle
- 16: Motorcycle
- 17: Taxicab
- 18: Works or attends school at home
- 19: Other - Specify
- 98: RF
- 99: DK

**CTW\_Q190** Last week, how often did you experience traffic congestion during your commute to [school/work]?

- 1: Everyday
- 2: Three or four days
- 3: One or two days
- 4: Never
- 8: RF
- 9: DK

## Education Minimum Block with concept (EDM)

**EDM\_Q01** What type of educational institution [are you attending/did you attend]?

- 1: Elementary, junior high school or high school
- 2: Trade school, college, CEGEP or other non-university institution



3: University

8: RF

9: DK

**EDM\_Q02** [Are you enrolled/Were you enrolled] as...?

1: A full-time student

2: A part-time student

3: Both full-time and part-time student

8: RF

9: DK

## Education - School Attendance v.1 (ESC1)

**ESC1\_Q01** Are you currently attending school, college, CEGEP or university?

1: Yes

2: No

8: RF

9: DK

## Educational Attainment (EHG2)

**EHG2\_Q01** What is the highest grade of elementary or high school you have ever completed?

1: Grade 8 or lower (Québec: Secondary II or lower)

2: Grade 9 - 10 (Québec: Secondary III or IV,  
Newfoundland and Labrador: 1st year secondary)

3: Grade 11 - 13 (Québec: Secondary V,  
Newfoundland and Labrador: 2nd to 3rd year  
of secondary)

8: RF

9: DK

**EHG2\_Q02** Did you complete a high school diploma or its equivalent?

1: Yes

2: No

8: RF

9: DK

**EHG2\_Q03** Have you received any other education that could be counted towards a certificate, diploma or degree from an educational institution?

1: Yes

2: No

- EHG2\_Q04** What is the highest certificate, diploma or degree that you have completed?
- 1: Less than high school diploma or its equivalent
  - 2: High school diploma or a high school equivalency certificate
  - 3: Trade certificate or diploma
  - 4: College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
  - 5: University certificate or diploma below the bachelor's level
  - 6: Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
  - 7: University certificate, diploma, degree above the bachelor's level
  - 8: RF
  - 9: DK

### Main activity of respondent's spouse/partner (MAP)

**MAP\_R110** The next few questions are about your [spouse/partner]'s main activity.

- MAP\_Q110** During the past 12 months, was your [spouse/partner]'s main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, retired or something else?
- 01: Working at a paid job or business
  - 02: Looking for paid work
  - 03: Going to school
  - 04: Caring for children
  - 05: Household work
  - 06: Retired
  - 07: Maternity/paternity or parental leave
  - 08: Long-term illness
  - 09: Volunteering or care-giving other than for children
  - 10: Other - Specify
  - 98: RF
  - 99: DK

**MAP\_Q120** Was [he/she] enrolled as...?

- 1: Full-time student
- 2: Part-time student
- 3: Both full-time and part-time student
- 8: RF
- 9: DK

**MAP\_Q130**

Did [he/she] have a job or was [he/she] self-employed at any time during the past 12 months?

- 1: Yes
- 2: No
- 8: RF
- 9: DK

### Dwelling of respondent (DOR)

**DOR\_R110**

The following questions are about your housing and neighbourhood characteristics.

**DOR\_Q110**

In what type of dwelling are you now living? Is it a...?

- 01: Single detached house
- 02: Semi-detached or double (side by side)
- 03: Garden home, town-house or row house
- 04: Duplex (one above the other)
- 05: Low-rise apartment (less than 5 stories)
- 06: High-rise apartment (5 or more stories)
- 07: Mobile home or trailer
- 08: Other - Specify
- 98: RF
- 99: DK

### Length of time respondent has lived in dwelling (LRD)

**LRD\_Q10** How long have you lived in this dwelling?

- 1: Less than 6 months
- 2: 6 months to less than 1 year
- 3: 1 year to less than 3 years
- 4: 3 years to less than 5 years
- 5: 5 years to less than 10 years
- 6: 10 years and over
- 8: RF
- 9: DK

### Length of time Respondent has lived in Neighbourhood (LRN)

**LRN\_Q10** How long have you lived in this neighbourhood?

- 1: Less than 6 months
- 2: 6 months to less than 1 year
- 3: 1 year to less than 3 years
- 4: 3 years to less than 5 years
- 5: 5 years to less than 10 years
- 6: 10 years and over
- 8: RF
- 9: DK

**Length of time respondent has lived in city or local community (LRC)****LRC\_Q20** How long have you lived in this city or local community?

- 1: Less than 6 months
- 2: 6 months to less than 1 year
- 3: 1 year to less than 3 years
- 4: 3 years to less than 5 years
- 5: 5 years to less than 10 years
- 6: 10 years and over
- 8: RF
- 9: DK

**Immigration Extended Block (BPR)****BPR\_Q01** In what country were you born?**BPR\_Q02** In which province or territory were you born?

- 10: Newfoundland and Labrador
- 11: Prince Edward Island
- 12: Nova Scotia
- 13: New Brunswick
- 24: Quebec
- 35: Ontario
- 46: Manitoba
- 47: Saskatchewan
- 48: Alberta
- 59: British Columbia
- 60: Yukon
- 61: Northwest Territories
- 62: Nunavut

98: RF

99: DK

**BPR\_Q03** In what country was your mother born?

**BPR\_Q04** In which province or territory was your mother born?

10: Newfoundland and Labrador

11: Prince Edward Island

12: Nova Scotia

13: New Brunswick

24: Quebec

35: Ontario

46: Manitoba

47: Saskatchewan

48: Alberta

59: British Columbia

60: Yukon

61: Northwest Territories

62: Nunavut

98: RF

99: DK

**BPR\_Q09** In what country was your father born?

**BPR\_Q10** In which province or territory was your father born?

10: Newfoundland and Labrador

11: Prince Edward Island

12: Nova Scotia

13: New Brunswick

24: Quebec

35: Ontario

46: Manitoba

47: Saskatchewan

48: Alberta

59: British Columbia

60: Yukon

61: Northwest Territories

62: Nunavut

98: RF

99: DK

**BPR\_Q15** In what year did you first come to Canada to live?

Min = 1871; Max = 2016

**BPR\_Q16** Are you now, or have you ever been a landed immigrant in Canada?

1: Yes

2: No

8: RF

9: DK

**BPR\_Q17** In what year did you first become a landed immigrant in Canada?

Min = 1871; Max = 2016

**BPR\_Q18** Of what country are you a citizen?

**BPR\_Q19** Are you a Canadian citizen by birth or by naturalization?

1: By birth

2: By naturalization

8: RF

9: DK

### Birthplace of spouse/partner (BPP)

**BPP\_Q10** In what country was your [spouse/partner] born?

1: Search

2: Other - Specify

8: RF

9: DK

**BPP\_Q20** In which province or territory?

10: Newfoundland and Labrador

11: Prince Edward Island

12: Nova Scotia

13: New Brunswick

24: Quebec

35: Ontario

46: Manitoba

47: Saskatchewan

48: Alberta

- 59: British Columbia
- 60: Yukon
- 61: Northwest Territories
- 62: Nunavut
- 98: RF
- 99: DK

### Aboriginal Minimum (AMB)

**AMB\_Q01** Are you an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.

- 1: Yes
- 2: No
- 8: RF
- 9: DK

**AMB\_Q02** Are you First Nations, Métis or Inuk (Inuit)?

- 1: First Nations (North American Indian)
- 2: Métis
- 3: Inuk (Inuit)
- 8: RF
- 9: DK

### Aboriginal Identity of Spouse/Partner (AIP)

**AIP\_Q01** Is your [spouse/partner] an Aboriginal person (that is, First Nations, Métis or Inuk [Inuit])?

- 1: Yes
- 2: No
- 8: RF
- 9: DK

**AIP\_Q02** Is your [spouse/partner] First Nations, Métis or Inuk (Inuit)?

- 11: First Nations (North American Indian)
- 12: Métis
- 13: Inuk (Inuit)
- 98: RF
- 99: DK

### Population group (PG)

**PG\_Q01**

You may belong to one or more racial or cultural groups on the following list.

Are you...?

01: White

02: South Asian (e.g., East Indian, Pakistani, Sri Lankan)

03: Chinese

04: Black

05: Filipino

06: Latin American

07: Arab

08: Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)

09: West Asian (e.g., Iranian, Afghan)

10: Korean

11: Japanese

12: Other - Specify

98: RF

99: DK

### Visible minority status of respondent's partner (VMP)

**VMP\_Q110** Is your [spouse/partner]...?

01: White

02: South Asian (e.g., East Indian, Pakistani, Sri Lankan)

03: Chinese

04: Black

05: Filipino

06: Latin American

07: Arab

08: Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)

09: West Asian (e.g., Iranian, Afghan)

10: Korean

11: Japanese

12: Other - Specify

98: RF

99: DK

### Religion extended (REE)



**REE\_Q01** What is your religion?

Specify one denomination or religion only, even if you are not currently a practicing member of that group.

1: Search

2: Other - Specify

8: RF

9: DK

**REE\_Q02** Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?

1: At least once a week

2: At least once a month

3: At least 3 times a year

4: Once or twice a year

5: Not at all

8: RF

9: DK

**REE\_Q03** In the past 12 months, how often did you engage in religious or spiritual activities on your own, including prayer, meditation and other forms of worship taking place at home or in any other location?

1: At least once a day

2: At least once a week

3: At least once a month

4: At least 3 times a year

5: Once or twice a year

6: Not at all

8: RF

9: DK

**Importance of Religion (RLR)****RLR\_Q110**

How important are your religious or spiritual beliefs to the way you live your life? Would you say they are...?

1: Very important

2: Somewhat important

3: Not very important

4: Not at all important

8: RF

9: DK

**Language Minimum (LAN)**

**LAN\_Q01** Of English or French, which language(s) do you speak well enough to conduct a conversation? Is it...?

- 1: English only
- 2: French only
- 3: Both English and French
- 4: Neither English nor French
- 8: RF
- 9: DK

**LAN\_Q02** What language do you speak most often at home?

**LAN\_Q03** What is the language that you first learned at home in childhood and still understand?

**Sexual Orientation of Respondent (SOR)**

**SOR\_R110** The following question asks about sexual orientation.

**SOR\_Q110** Do you consider yourself to be...?

- 1: Heterosexual (sexual relations with people of the opposite sex)
- 2: Homosexual, that is lesbian or gay (sexual relations with people of your own sex)
- 3: Bisexual (sexual relations with people of both sexes)
- 8: RF
- 9: DK

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